GENERIC NAME: **ABCIXIMAB**
BRAND NAME: Reopro
CLASS: Antiplatelet agent, Platelet Aggregation Inhibitor

Mechanism of Action:

Binds with Glycoprotein (GP) IIb/IIIa receptors on the surface of platelets inhibiting the final common pathway for platelet aggregation.
Binding with GP IIb/IIIa receptors produces a blockade that interferes with fibrinogen, von Willebrand factor and other platelet aggregation modulators.
Binding with GP IIb/IIIa receptors effectively prevents the formation of intravascular thrombus and may contribute to the resolution of pre-existing thrombus.

Indications for Field Use:

Infusion monitoring during interfacility transport only.

Adjunctive to or in preparation of percutaneous transluminal coronary angioplasty (PTCA) for the prevention and treatment of acute coronary syndrome and associated acute cardiac ischemic complications in patients at risk for abrupt closure of the treated coronary vessel.

Heparin should be concurrently administered and monitored.

Contraindications:

Active internal bleeding or recent history (within 6 weeks) of clinically significant gastrointestinal or genitourinary bleeding
History of cerebrovascular accident (CVA) with current residual neurologic deficit or within the past 2 years
Bleeding diathesis (bleeding disorder, condition or predisposition)
Current use of warfarin (Coumadin) or use within the past 7 days unless prothrombin time is <1.2 times control
Thrombocytopenia (<100,000 cells/mcl)
Trauma or major surgery within the past 6 weeks
Intracranial neoplasm
Arteriovenous malformation or aneurysm
Severe uncontrolled hypertension (systolic BP >180mmHg, diastolic BP >110mmHg)
Concomitant use of another GP IIb/IIIa inhibitor
History of vasculitis
Acute pericarditis
Use or intent to use IV Dextran
Hypersensitivity to abciximab or murine proteins

Adverse Reactions:

Bleeding - spontaneous bleeding may occur with abciximab administration; most common sites include: venous and arterial access sites (including femoral artery, retroperitoneal, gastrointestinal, genitourinary)
Major bleeds have been demonstrated to occur more often in patients: >65 years old, <75kg, with a history of prior gastrointestinal disease, patients receiving thrombolytics or heparin
Hemorrhagic stroke and intracranial bleeding

Adverse Reactions (cont'd):

Thrombocytopenia
Other adverse effects (incidence greater than 1 percent):
Cardiovascular - Hypotension, Bradycardia, atrial fibrillation/flutter pulmonary edema
Central nervous system - abnormal thinking, dizziness
Genitourinary - urinary tract infection

Notes on Administration:

Weight-based dosing of both abciximab and concomitant heparin is essential to decrease the incidence of major and minor bleeding episodes. Patients should be managed following an accepted, literature-based standard of practice.

Abciximab infusions must be administered through a low protein binding 0.2 or 0.22 micron in line filter.

Infusion pump is required in management of abciximab infusions.

Incompatibilities/Drug Interactions:

Other medications that effect hemostasis: thrombolytics, oral anticoagulants, nonsteroidal anti-inflammatory agents, dipyridamole, ticlopidine, clopidogrel.
IV dextran in combination with abciximab results a high incidence of bleeding.

Adult Dosage:

Based on the EPILOG (NEJM. 1997; 336: 1689) and CAPTURE (Lancet. 1997; 349: 1429) studies,

Loading Dose:	0.25mg/kg IV over 5 minutes slow IV push
Infusion:	0.125mcg/kg/min (0.09mg/kg) if patient less than 80kg 10mcg/min (7.2mg) if patient equal to or greater than 80kg in 250ml D5W or NS at 21ml/hr for 12 hours

Pediatric Dosage:

Safety and efficacy in children have not been established.

Routes of Administration:

Intravenous bolus followed by infusion

Onset of Action:

A few minutes

Peak Effects:

in less than 30 minutes

Duration of Action:

Two phased elimination results in restoration of platelet function to >50% after 24 hours, approximately 85% after 48 hours and low levels of GP IIb/IIIa receptor blockade present for up to 10 days post infusion.

Dosage Forms/Packaging:

Injection - 2mg/ml 5ml vials, refrigerate until use; any unused portions of prepared solutions should be discarded after 12 hours.

Arizona Drug Box Standard Supply:

Abciximab is **not** to be stored or stocked in either the paramedic or intermediate drug box.

Special Notes:

Minimizing vascular and other trauma is important in managing platelet aggregation inhibitors. Due to risk of spontaneous bleeding during abciximab administration, procedures including the following should be avoided whenever possible: arterial and venous punctures, intramuscular injection, placement of urinary catheters, nasogastric tube and nasotracheal intubation. If arterial or venous access is necessary, avoid non-compressible like subclavian and jugular vessels.

Patients transported with an abciximab infusion should be under the direct care of a cardiologist who is responsible for initiating and monitoring the abciximab therapy.

Inservice education of paramedic personnel is required prior to managing abciximab during transport.